

Rev 06/04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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BOX AF

Re application : Avi Nelson
Application No. : 09/694,975
Filed : October 24, 2000
Confirmation No. : 1367
For : ALPHANUMERIC KEYBOARD WITH TELEPHONE
DIALING CAPABILITY
Examiner : Alexander Jamal
Attorney's Docket : VTZON-005XX

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JUL 21 2004

Technology Center 2600

TC Art Unit: 2643

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the United States Postal Service as first class mail in an
envelope addressed to: Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450 on 7-15-04.

By:

Victor B. Lebovici
Victor B. Lebovici
Registration No. 30,864
Attorney for Applicant

AMENDMENT PURSUANT TO 37 C.F.R. §1.116

Via Facsimile
Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated April 9, 2004, please
amend the above-identified patent application as follows.

07/20/2004 SZENDIE1 00000114 09694975

01 FC:2251

55.00 DP



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\$ APZ
2643

Mail Stop AF Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: July 15, 2004

Sir:

Attorney
 Docket No.: VTZON-005XX

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In re application of: Avi Nelson

JUL 21 2004

Entitled: ALPHANUMERIC KEYBOARD WITH TELEPHONE DIALING CAPABILITY Technology Center 2600

Transmitted herewith is an amendment pursuant to 37 CFR §1.116 in the above-identified application. The following checked items are applicable:

- ☐ This is a Request for Continued Examination under §1.114; a check in the amount of _____ is enclosed per §1.17(e).
☐ Enter the unentered amendment previously filed on _____ per §1.116.
- ☒ A Petition for Extension of Time for 1 month is hereby made under §1.136(a); a check in the amount of \$ 55.00 is enclosed for the cost of such extension per §1.17.
- ☒ In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby made and authorization is provided herewith to charge Deposit Account No.23-0804 for the cost of such extension.
- ☒ Other: Information Disclosure Statement, 1449 cite form along with three references along with a check for \$180.00

CLAIMS AFTER AMENDMENT:	MINUS PRIOR PAID CLAIMS:	EQUALS PRESENT EXTRA CLAIMS:	RATE:	ADDITIONAL FEE:
Independent	1 - 3	= 0	x \$86.00 =	0
Total	27 - 28	= 0	x \$18.00 =	0
<input type="checkbox"/> Multiple Dependent Claims (1st presentation)			+ \$290.00 =	0
SUBTOTAL ADDITIONAL FEE				0
Small Entity filing, divide by 2. Small Entity status must be asserted.				0
TOTAL ADDITIONAL FEE				0

☒ No additional fee. ☐ The fee has been calculated above; a check in the amount of _____ is enclosed.

☒ The Commissioner is hereby authorized to charge payment of any additional filing fees under §1.16 associated with this communication or credit any overpayment to Deposit Account No.23-0804.

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SUBMIT IN TRIPLICATE
 308821

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